

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <i>Isabel Dakotan</i>		2. DATE <i>10-5-07</i>
3. FREQUENCY OF ISSUE <i>Weekly</i>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <i>52</i>	3B. ANNUAL SUBSCRIPTION PRICE \$ <i>26 in 5/12 3c out</i>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <i>403 N Main Street Dewey County Isabel, SD 57633</i>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <i>Same as above</i>		
6. FULL NAME OF PUBLISHER: <i>Barbara Begeman</i>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME <i>Barbara Begeman</i>		COMPLETE MAILING ADDRESS <i>403 N Main Box 207 Isabel, SD 57633</i>
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <i>None</i>		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run)		<i>700</i>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.		<i>28</i>
2. Mail Subscription (Paid and or requested)		<i>670</i>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		<i>698</i>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS		<i>0</i>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		<i>0</i>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		<i>698</i>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing		<i>2</i>
2. Return from News Agents		<i>0</i>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)		<i>700</i>
		ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
		<i>850</i>
		<i>44</i>
		<i>692</i>
		<i>736</i>
		<i>0</i>
		<i>0</i>
		<i>736</i>
		<i>114</i>
		<i>0</i>
		<i>850</i>

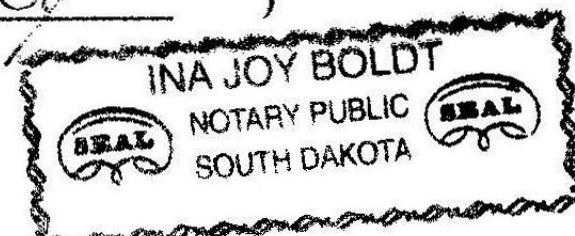
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Barbara Begeman
(Signature)

State of South Dakota)

County of *Pierre*)

(Seal)



Isabel Dakotan Editor
(Title)

Sworn to before me this 5 day of Oct, 2007

Ina Joy Boldt

Notary Public

My commission expires: 1/30/09